

Michigan Department of Community Health

**Recovery Council Meeting
Monday, February 4, 2008
9:00 am – 3:00 pm
LCC West Campus Facility
5708 Cornerstone Drive, Lansing
(517) 483-9300**

Meeting Minutes

I. Introductions

- a. Recovery Council members present – Nancy Auger, Pat Baker, Steve Batson, Kathy Bennett, Risa Coleman, Patti Cosens, Norm DeLisle, Tim Grabowski, Linda Gyori, Judith Hutchins, Andria Jackson, Colleen Jasper, Amelia Johnson, Irene Kazieczko, Tammy Lademer, Pam Landry, Ruth Morad, Brenda Nyhof-Dunn, Donna Orrin, Marty Raaymakers, Ernie Reynolds, Barb Robertson, Phil Royster, Steve Ruskin, Leslie Sladek, Pamela Stants, Wally Tropp, Kathleen Tynes, and Pam Werner.
- b. Recovery Council partners present – Sharon Quinlan, Michael Head, Dianne Baker, Sue Eby, Patty Degnan, Kris Burgess, Val Bishop, Felicia Simpson, Karen Cashen, Deb Freed, Nikki Adkins, Kim Zimmerman, Alyson Rush, Su Min Oh, Raymie Postema, Margaret Stooksberry, Rich Casteels, Teresa Hughes, Michelle Holmes, Sharon Strouse, David Cherry, Sherri Solomon, Charles Harris, Anjanette Ashby, Randy Meyer, Stephanie Merril, Dona Tatum, Michelle Gibson Pierson, Kari Walker, and Kendra Binkley.

II. Announcements

- a. Ernie Reynolds announces that they have Pathways to Recovery groups running every week and peers can make a difference. The group attendance is up to 18.
- b. Kathy Bennett says that JIMHO was awarded a grant and started 5 self-help groups.
- c. Tammy Lademer says through the Dual Diagnosis Support Group, a man that she helped now lives independently and is seeking career goals. She is really proud of him.
- d. Linda Gyori says she recently ran into a person she knew 13 years ago and at that time he wanted to commit suicide. But now he is in the hospital ER helping people.
- e. Alyson Rush says that at the Mental Health and Aging Conference Ernie will be leading a workshop on Recovery.
- f. Barb Robertson says that for the first time in 20 years, she felt wonderful and comfortable being by herself during the holidays.
- g. Mike Head attended the International Conference of Researchers and was surprised by the recovery efforts that are going on in Canada.

- h. Judy Hutchins introduced the new and first Executive Director of NAMI, Sherri Solomon.
- i. Sherri Solomon says hello, she is glad to be here and she is excited about her new position. Shares a recovery story about her daughter Anna, she is off her medication and is a freshman in college.
- j. Deb Freed says that Northern Lakes has a Recovery Training video that will be used for people entering the system as well as for staff and clinicians.
- k. Val Bishop says Northern Lakes is excited to have 2 new full-time positions for peer support specialists.
- l. Wally Tropp thanks everyone for the prayers and e-mails and says they help him tremendously.
- m. Kathleen Tynes is the proud aunt of the kicker, Lawrence Tynes, of the Superbowl Champions New York Giants!
- n. Pam Werner says that there were 2 Peer Support Specialist trainings in Detroit and Dewitt, and we now have 279 peers who are certified in the State.
- o. Phil Royster says there was an article in the paper saying that two people with schizophrenia shouldn't get married. A peer and her husband wrote into the paper with a rebuttal and wants to encourage everyone to fight stigma in this way.
- p. Ruth Morad says that there is a ban on smoking in psychiatric wards and thinks people should speak up about that.
- q. Leslie Sladek says that the NAMI State Conference will be on April 13 and 14 in Ann Arbor. She also announced that she has always had a dream to hang glide, and she was able to do this recently while on vacation.
- r. Su Min Oh wanted to remind everyone of and encourage participation in phone conference tomorrow about the Lodge. Teri Johnson sent out information about this if you would like to participate.
- s. Pamela Stants says CEI will be showing the movie Canvas on February 24 at 4:00 and February 25 at 7:00 at the Hannah Community Center. Also on February 26 at 7:00 in the Radisson Ballroom during the MACMHB Winter Conference.

III. Corrections to the minutes from last meeting

- a. Donna – present and not listed as being present.
- b. Alyson Rush says that under 'II. Announcements' regarding the discussion ACT and the policy of 12 months of intensive care, she says this is an incorrect belief. It is in the Medicaid guidelines that it's required for as long as someone needs it.

IV. Alyson Rush, Assertive Community Treatment and Older Adult Programs, MDCH - Recovery Keytags

- a. Using block grant money, she thought it would be a good idea to develop a key tag with the 10 principles of recovery on it. It could be in the shape of the state of Michigan with both the Lower and Upper Peninsula.
- b. Ernie – it will make a difference to see that and give people a chance to explain what it is. Thinks it is a good idea.
- c. Judy – will people be able to read them? How big will they be? That would be great to hand out at the MACMHB Conference and the consumer conference as well.
- d. Lorie – lots of consumers out there that don't have keys. Margaret says that they could use it on the zipper of their clothes or on their backpacks.
- e. Alyson thanks everyone for listening and the feedback.

V. Marty Raaymakers - NAMI National Consumer Issues

- a. Taser issue – police taser people with mental illness more often because of their behaviors. Currently there are not studies available but individuals can Google this issue and you'll see the number of taser-related deaths among people with mental illness.
- b. She shared from her national perspective that criminalization of people with mental illness is an issue that needs to be addressed. Handcuffs should never be a replacement for good care.
- c. NAMI unfortunately lost and were unable to influence JCAHO rules on seclusion and restraint. The laws for protection went away. More people are ending up in restraints. Diane Baker wants to clarify that in Michigan we have a requirement of one hour face to face when individuals are secluded or restrained.
- d. She reported that nationally the foundation of recovery is not moving forward. What you see is different then what you hear. You start to talk to people and see that there are pockets of excellence but they have not been replicated across the nation.
- e. She discussed that some individuals who are already working in the system and then come out and say they are peers has caused some controversy.
- f. There is a yahoo group called 'Two Hats' of people who are consumers and providers.
- g. What works for one person may not work for another. There is a concern about limiting consumer's choices. Just because you are with one group, such as NAMI, it shouldn't limit your choices in what programs you may want to participate in.
- h. Peer Support Specialist Issue- if Michigan gets a bunch of people certified, what about Wyoming and Utah who have been doing peer support for years but will never certify people. They have been doing it for years but not getting paid for it.
- i. Leslie adds that medication is a big issue - having it available and whether you qualify. People shouldn't look down on people who are on medications even when they don't take it themselves. Marty says that many states have closed formularies where they really restrict your

medications. Big problem with Medicare Part D and the ‘donut hole.’ People can’t afford their meds when they go back to work. People have to quit their jobs in order to get their meds again.

- j. Pat Baker – Part D if you hit the donut hole, he suggests checking with your physician or psychiatrist about getting in touch with sample programs. Changed some of their providers and people were sent a letter to reenroll. Efforts need to be taken to keep people up to date with information because it can get confusing. Leslie says sample programs are great but when people go into the hole in June, it’s a big problem as opposed to someone going to the hole in December. Marty says people who are 50 can go into AARP.
- k. Colleen asks if anyone knows of advantages or disadvantages of nurse practitioners (NP’s) giving prescriptions out? Marty says in some areas, there isn’t a psychiatrist available and in her opinion the NP’s seem to be much more careful. She has not heard that it isn’t working out; if you hear that it isn’t, please let her know.
- l. Donna – is NAMI participating in the presidential race at all? Marty says they have some information on the website.
- m. Pamela Stants – Handcuff issue – the county sheriff says everyone has to be in handcuffs for safety issues. She says some places have a kindler/gentler way.
- n. Pam Werner – challenges people to really look at the issue of poverty and peer supports. She says the reason other states don’t have peers is because they don’t have a 1915 Wavier like Michigan for Medicaid funding. We need to look at the mixture of part-time and full time jobs to address the issue of low wages continuing the cycle of poverty. Council members who represent the IPLT may want to address this as an improving practice. Peer Supports will be an Evidenced-based Practice in about a year. Detroit is an example of providing a living wage for peers employed. She hopes programs and agencies will use this as a model.
- o. Kathleen wants the state to do a survey asking what peers are paid, whether they are working part or full-time, and whether it cuts their benefits. Look at the places that are union versus non-union. Genesee has a union, and they have 3 full-time peers right now. If you are part-time, you pay for a quarter of your benefits, and if you are full-time, you don’t pay at all. She asks when is the statewide peer support brochure going to be out? Margaret asks is there a template? A draft will be out soon, but it won’t address pay.
- p. What is the minimal living wage? People are saying it depends on community you live in. Kathleen says it has to do with things like the price of gas and groceries.
- q. Ernie – how does working full-time or getting more money affect people’s benefits?
- r. Kathleen says it should be the consumer’s choice, and does the person want to work full-time with benefits?

- s. Teresa Hughes- been doing research, NAPS, says there was a survey in their latest newsletter. They showed that peers are underpaid and are the most dissatisfied in Michigan compared to other jobs in the nation.
 - i. Marty – regarding that survey, she says that this happens when you empower people. When you set the bar high and have high levels of expectations, we expect peers to have a quality job and get paid a decent wage. If we were aiming for adequacy, we would have passed. There will be some kick back and dissatisfaction because we have high expectations.
- t. Pat Baker – regarding generic medications that CMH’s may be using. He says we serve a great number of people who don’t qualify for Medicaid or Medicare so the money spent on this group of people for medications and hospitalizations is eating up a lot of their money, that’s why they are using generic.
- u. Kathy Bennett – spoke about a situation where she was trying to get a drug filled while she was in a transition period because she moved. Provider changed formulary from 120 to 60. She went 4 days w/out medication while she is trying to get it figured out. Dealing with prior authorizations and quantity limitations. Pharmacy gave her 12 pills to get thru weekend. Says it was a nightmare that no one should have to go through.
- v. Margaret - says she went through similar situation as Kathy Bennett. Be aware that you are supposed to get a 30-day notice.
- w. Brenda Dunn – attended a NAPS meeting and realized that there is a lot of work to be done and we need leaders to step up. She asks if there is a way that we can all work together? Pam asks if they have conference call capability. Brenda thinks that they do. Steve Harrington runs the organization. Brenda says to think about the NAPS conference in Philadelphia. She says we are all leaders in a system of change, and people are counting on peers to step up! She says don’t lose your steam after you get certified.

VI. Risa Coleman, Clinical Director at DWCMH Agency – Detroit-Wayne Systems Transformation Initiatives

- a. She says she has some good news to share; DWCMH finally has an acting Director, Veda Sharp!
- b. She says the opportunity to dialogue as we have been doing this morning is an attribute to the progress we have made. She wanted to acknowledge Irene and Pam as spearheading this movement.
- c. Thanks the representatives that are here today from the Guidance Center; they will be working with Recovery Council (RC) so that the Recovery Center of Excellence (RCE) does its best to serve the needs of the RC.
- d. Risa says DW is putting their money where their mouth is. Has some peers here today with her to talk about.
- e. She says they have 4 initiatives, one involving children and adolescents and 3 adult initiatives.

- i. One is integrating the delivery system for people with co occurring disorders. They are working with doctors and Wayne State while they are implementing the EBP.
 - ii. Says they are also embarking on a welcoming system where they are creating policies that say we are glad you are here. Established change agents.
 - iii. Detroit Recovery Project – for people with mental illness and/or substance abuse disorder transition from jail back into community. Have peers going into the jail to help with this initiative. Says we want to integrate peers throughout all initiatives.
 - iv. Peers are working in supportive employment and they have partnered with MDRC.
 - v. Supportive Housing – transform the lives of people who live in adult foster care homes. Providing more money that augments SSI in order to accomplish this. Said they would move 160 people into alternative housing. Identified 8 providers that they could work with and each will move 20 people.
 - vi. Are working with Advocates for Human Potential. They provided training for them about person-centered planning and how to develop a plan that is well written and consumer driven.
- f. Highlight Peer Supports in DW – they have the largest number of peer support specialists in the state. Here today are 3 PSS's - Dona Tatum, Michelle Gibson Pierson, and Charles Harris.
 - i. Dona Tatum – Member of the International Society of Poets. Works at Detroit Central City in the Literacy Department. She says it has grown so much that it will now be an Educational Center. She says that she wears many hats and works to help people find employment and housing, as well as in the Jail Diversion program. Spoke about the rights that every consumer has and the importance of educating people about these rights. She says that being a Peer Support Specialist (PSS) is one of the most rewarding experiences of her life. She spoke of working with people, one man who had a traumatic brain injury and at first he couldn't read. Now after a year of working with him, he is reading short stories. She said many times people will tell PSS things they won't tell a clinician. Several times she said people just want to sit and talk but feel they can't do that with a clinician, or if they did, they may automatically increase their medications. She recited one of her poems.
 - ii. Michelle Gibson Pierson - Certified Peer Support Specialist for Housing Program. One year ago she was in the depth of depression and couldn't imagine she would be where she is at now. Now she is helping people find jobs, homes, get social security and speak up for themselves. Been to PCP training and Pathways for Recovery. She thinks she is going through a lot of what other peers here today are saying, fear of losing her job if she speaks up

and not being taken seriously, but she says she pushes that aside and realizes that this is where she is supposed to be in her life. She has climbed out of the hole from hell and is now helping people. She says they go look at the apartments first before they ever show a consumer. She does a lot of research, and a great website is www.pantrynet.org. It will tell you every food pantry within a 10-mile radius. She says she helps people transition from AFC to semi-independent living. Helps them do things that they may have forgotten how to do. People will open up to them because they are living examples of coming out on the other side of mental illness. She says this is the most important job that she will ever do and believes that the Lord has brought her to this job. She hopes she can help everyone else to do the same. Thanks Pam and Marty for the training.

- iii. Charles Harris - Peer Support Specialist for the Detroit Recovery Project. He works to take the dual recovery program to the jails. Strives to bring them the message of hope and that there is life after jail and places that will help them. He likes to call it 'life after the brinks.' Let them know that he has been there and there is hope out there. Shared some of his recovery story with the Council. He said his parents told him that 'black folks don't go to psychiatrists.' He wanted to work and be productive. He started seeing a psychiatrist, and put the other drugs down. He carries this message into the jail. He says the 12-step program works with the right medication. He says after that PSS training, he is 55 and is motivated now to go back to school.
- iv. Fred Williams, Clinical Director for Detroit Recovery Project. He says this is a peer-led and peer-supported recovery project. He says he has been working with people with substance abuse for a long time and noticed an underlying issue - substance abuse and mental health were kept separate. He said there needed to be a program that addressed the person as a whole - all of their needs. They provide mentorship and peer support at the Wayne County jail. Transition people with co-occurring disorders back into the community. Have community-based case management and intake and assessment services. Program is not time-limited. He says once you have become a member, you are a member for life. Says they are pleased and honored to be a part of the peer movement.
- v. Irene thanks Risa, Dona, Michelle, Charles and Fred for speaking to the Council today and giving us a picture of transformation from one part of the state.

VII. Rich Casteels – Project Director of Recovery Center of Excellence

- a. Introduces Kari Walker, Executive Director, The Guidance Center, and David Cherry, Program Development Manager, The Guidance Center.

- b. He has a handout, “Michigan Recovery Center of Excellence: Accessible Pathways to Recovery.”
 - i. Primary goals:
 1. Launch network statewide.
 2. Strengthen the impact of consumer voices.
 3. Convene statewide recovery conferences.
 4. Highlight Michigan recovery outcomes on a national scale.
 5. Ensure sustainability.
- c. Need Input
 - i. Website domain name?
 - ii. First Town Hall Meeting.
 1. Recovery should be the theme. Bring exposure of the RCE and provide information about recovery. Get the word out about recovery. Information out about mental illness and some myth busters.
 2. Norm – great opportunity for media coverage.
 3. Target audience? Focus on RC and recovery initiative for people with mental illness. Pam says we need to be as inclusive as possible and consumers need to be co-leading it. Overarching value that joins the group is hope.
 4. Pat Baker will be concerned if the meeting tries to house everyone with lots of issues. Will we have a meeting with providers? Leslie asks, do we need to involve providers and other initiatives that are going on? Rich says that we can’t cover all issues to everyone. The literature about town hall meetings says to have a specific focus.
 5. Tammy says it is important to include recovery stories in this meeting.
 6. Sherri Solomon asks can you utilize voting devices through the web? Kari says they don’t have that specific software available to them right now. They can find out if they can borrow it or what it would take to acquire it.
 7. Steve Ruskin says we want to invite providers - whether they come or not is up to them. He agrees it is a good idea to start the meeting with the sharing of a few brief recovery stories.
 8. Where do we want to hold the meeting? Irene says she thinks the first one should be at the Guidance Center with people being able to virtually link into the meeting.
 9. Kari asks about videotaping the RC meetings. Irene says to the extent that people give permission, yes we would like to do this.

VIII. Recovery Enhancing Environment (REE) Scale

- a. Irene says she participated in a Director’s Forum recently with CMHSP’s. She shared what was going on with the peer movement and trainings. One

Director said it feels like you are making people mad at us. She would like to get the RC and CMHSP Director's together for a dialogue. Some Directors asked the question, how do we know what we need to do to change? She says the RC is promoting the Recovery Enhancing Environment tool as a way to say this is where we are now and where we want to move to. She says this afternoon we are going to talk about how we are going to move forward.

- b. The REE is a quality improvement tool aimed at helping us learn about the system and then identify strengths and weaknesses in order to move the system along so that it is one that is based in recovery.

IX: Adjournment:

Irene thanked everyone for coming today and participating in a great meeting.